

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8289

State File No. 2380

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4807 S. BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

KATHERINE FRIES

3. (b) If veteran, name war

NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES FRIES

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH 18 1867
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

75

11

21

hr. min.

9. Birthplace

(City, town, or county)

BOHEMIA
(State or foreign country)

10. Usual occupation

AT HOME

11. Industry of Business

JOSEPH JOHN SUSANKA

12. Name

JOSEPH JOHN SUSANKA

13. Birthplace

(City, town, or county)

BOHEMIA
(State or foreign country)

14. Maiden name

KATHERINE UNKNOWN

15. Birthplace

(City, town, or county)

BOHEMIA
(State or foreign country)

16. (a) Informant

BLANCH FRIES

(b) Address

4807 S. BROADWAY

17. (a)

BURIAL

(Burial, cremation, or removal)

(b) Date thereof

MCH. 12-43
(Month) (Day) (Year)

(c) Place: burial or cremation

NEW PICKERS CEM.

18. (a) Signature of funeral director

C. Hoffmann

(b) Address

7214 S. Broadway

19. (a)

MAR 7 1943
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4807 S. BROADWAY
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9
year 1943 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov 1940 to Mar 9 1943
that I last saw her alive on Mar 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

Signature Robt. O. Urban (M. D. or other)

Address 3665 S. Broadway Date signed 3-10-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Shanahan, Registered Apprentice No.
working under my personal supervision.

Signed James A. Shanahan

Licensed Embalmer No. 3472

P. O. Address 78480 Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.